



# REGISTRY ACCESS REQUEST FORM

DLT Form Number: DLTf\_002.052615

This form is to be used only by confirmed DLT Affiliate Agencies for the purpose of requesting, altering or revoking employee or representative access to administrative functions of the Donate Life Texas donor registry. Please consult DLTSOP\_010 for specific information relating to this form.

## REQUEST AND ACCESS INFORMATION

|   |   |   |  |
|---|---|---|--|
| <b>Request Type</b>                           | <input type="checkbox"/> New                      | <input type="checkbox"/> Update                             | <input type="checkbox"/> Revocation                    |
| <b>Access Needed</b><br>(mark all that apply) | <input type="checkbox"/> Registry search          | <input type="checkbox"/> View Document of Gift              | <input type="checkbox"/> Save / print Document of Gift |
|   | <input type="checkbox"/> Form upload              | <input type="checkbox"/> Mobile App                         | <input type="checkbox"/> Mobile site                   |
|   | <input type="checkbox"/> Manage access for others | <input type="checkbox"/> SuperUser (only with DLT approval) |  |

## EMPLOYEE INFORMATION

|                        |    |           |  |
|------------------------|----|-----------|--|
| First Name             |    | Last Name |  |
| Title / Role           |    |           |  |
| Organization Name      |    |           |  |
| Address                |    |           |  |
| City                   | ST | Zip       |  |
| Phone (with area code) |    | Email     |  |

I certify that I am an employee or recognized representative of the organization named above and that I have been trained on procedures governing the use of the Donate Life Registry in accordance with applicable federal and state laws and regulations. I understand that the Donate Life Registry is for use solely to confirm an individual's donor registration status and that information within the registry is to be treated and protected health information (PHI.)

Employee Signature

Date

## DLT AFFILIATE AGENCY INFORMATION

|                                  |    |       |  |
|----------------------------------|----|-------|--|
| Authorizing Supervisor's Name    |    |       |  |
| Address, if different from above |    |       |  |
| City                             | ST | Zip   |  |
| Phone (with area code)           |    | Email |  |

I certify that I am authorized to request Donate Life Texas donor registry access for the person named above and that the individual named above and I are employees or recognized representatives of the DLT Affiliate Agency named on this form. The person named above has been trained on procedures governing the use of the Donate Life Registry in accordance with applicable federal and state laws and regulations.

Authorizing Supervisor's Signature

Date

**Submit this form** to the Senior Level Administrator who is responsible for managing access to the Donate Life Texas registry for your agency or OPO. Please contact [Info@DonateLifeTexas.org](mailto:Info@DonateLifeTexas.org) with questions.